

**NOTE: SUBMIT ORIGINAL TO THE STATE CONTROLLER'S GARNISHMENT UNIT.
 IF FAXED, FAX ONLY ONCE AND DO NOT SUBMIT A HARD COPY.**

DOCUMENT NUMBER

1. AGENCY NAME COMPLETE			4. POSITION NUMBER			
			(Agency)	(Unit)	(Class)	(Serial)
2. SOCIAL SECURITY NUMBER XXX-XX-XXXX			3. NAME (F.I.) (M.I.) (LAST) X X XXXXXXXX			
5. EFFECTIVE DATE 10/29/98			6. ACTION TYPE			
			<input checked="" type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE			
7. PAY FREQUENCY						
<input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY						

8. GARNISHMENT TYPE (038)		9. TOTAL GARNISHMENT AMOUNT
A. <input type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)		
\$ _____ (Monthly Amount)	<input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ _____ (Must be completed if changing 8A)	

B. (339/002) EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)		\$
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C. (339/003) CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)		(1) NUMBER OF DEPENDENTS (Must be at least one for employee)	(2) STANDARD DEDUCTIONS	3 - MARRIED FILING SEPARATELY	5 - SURVIVING SPOUSE	\$
		<input type="checkbox"/> 1 - SINGLE	<input type="checkbox"/> 2 - MARRIED FILING JOINTLY	<input type="checkbox"/> 4 - HEAD OF HOUSEHOLD		

D. (339/004) EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM (Revenue & Taxation Code 10878); FTB STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE (UI Code 1755); FTB COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxation Code 19280)		\$
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E. (339/007) <input checked="" type="checkbox"/> EARNINGS WITHHOLDING ORDER (CCP 706.125):		\$ 3645.00
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F. (339/008) <input type="checkbox"/> Federally Guaranteed Student Loan (Higher Education Act of 1965: 20 USCA Section 1095a.)		\$
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10. <input type="checkbox"/> SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE.		\$
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11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8B, 8C, 8D, 8E, and 8F.)

A. <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D)		
B. <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.)		\$ _____
C. <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT		\$ _____
D. <input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.)		\$ _____

12. WARRANT TO BE MADE PAYABLE TO	
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Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments (8B and 8E above). All others, enter Case Number. **Must be completed** Levying Officer File Number / Case Number

C O M P L E T E

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)

C O M P L E T E

13. REMARKS	
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14. FORM COMPLETED BY		TELEPHONE NUMBER AND EXTENSION		15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660	
COMPLETE		COMPLETE		AUTHORIZED SIGNATURE <input checked="" type="checkbox"/> COMPLETE	
				DATE	
				TYPED NAME	
				COMPLETE	